



**City of Bloomington
Engineering Department**

Address Request/Change

Fill out the following request form as accurately as possible and return by mail, hand delivery, or fax to:

Address Coordinator, City Engineering Department, Suite 130

401 N. Morton Street, Bloomington, IN 47404.

Fax: (812) 349-3520

Applicant Information:

Name of applicant: _____

Agency Name: _____

Telephone #: _____ Fax #: _____ Email: _____

Property owner (If different than above): _____

Signature of Owner or Agent: _____ Date: _____

Property Location:

Street Name and Number (If known): _____

Subdivision: _____

Section and Township of subject property (If known): _____

Property type: ☐ SFR (Single Family Residence) ☐ APT/CONDO ☐ COM (Commercial)

General Description of Your Location:

Please be as descriptive as possible. Include any intersecting streets within 500 feet of the subject property, and their Directionals (N, S, E, and W). If this address request is for new construction, please include a copy of the site plan with this application.

Reason for Address Request:

☐ New Construction ☐ Existing numbers out of sequence ☐ Property Split/Merge

☐ Other (Please explain) _____

*****NOTES*****

Existing Address Change Requests:

Your address is eligible for change if it meets one or more of the following requirements: Your structure has an address that does not fit into proper numerical sequence with surrounding addresses, contains a fraction, causes confusion, or is difficult to locate. Your address is also eligible for change if it does not coincide with the driveway entrance.

In General:

The applicant must provide all information prior to processing of the request. The more descriptive the application is, the more quickly and efficiently the City of Bloomington can process your request and issue your address. The City of Bloomington will review requests for change in address for addresses that meet the criteria set above, requests that do not meet these criteria may not be processed.

(FOR OFFICE USE ONLY)

Date entered in Master Address Record: _____ S/N: _____

Fax notification date: _____ ☐ GRP 27 ☐ GRP 37

GIS notification date: _____

Owner/Agent notification date: _____ ☐ Mail ☐ Email ☐ Fax